

CURRICULUM FORM FOR FIRST AID COURSES (MODEL FORM)

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This form should be used to determine whether a first aid course meets the requirements of the Minimum Standards for Licensed Family Day Homes. Completed forms should be returned to the regional licensing office in your area for review by the Department of Social Services (DSS).

Current infant and child first aid certifications from the following organizations may be used to meet the requirements of Minimum Standards for Licensed Family Day Homes as long as the first aid certification has been issued within the past three years.

American Red Cross
American Heart Association
National Safety Council for First Aid Training Institute

The Department of Social Services also accepts (i) current first aid certification issued within the past three years where the course content is equivalent to the curriculum approved by the State Board of Health and (ii) current first aid certification issued within the past three years from the American Safety and Health Institute. The above-mentioned organizations do not need to complete this form for the courses specified above.

| | |
|--|--|
| Name of Individual or Organization offering the First Aid Course | Name & Title of Person Completing Form |
| Phone Number | FAX Number |
| Street Address | City, State, Zip |
| Signature of Person Completing this Form | Date |

FIRST AID COURSE INFORMATION

A. Name of first aid course: _____
Name of instructor(s): _____

B. Please check the content areas covered by the first aid course. Emergency management of:

| | | |
|---|--|--|
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Dental Emergencies | <input type="checkbox"/> Electric shock |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Head injuries | <input type="checkbox"/> Drowning |
| <input type="checkbox"/> Poisoning | <input type="checkbox"/> Allergic reactions | <input type="checkbox"/> Shock |
| <input type="checkbox"/> Choking | <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Eye injuries |
| <input type="checkbox"/> Injuries, including insect, animal & human bites | <input type="checkbox"/> Musculoskeletal injury (e.g., sprains, fractures) | <input type="checkbox"/> Convulsions or non-convulsions seizures |

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- C. Please check the qualifications of the instructor(s) of the first aid course and indicate expiration date of the instructor's credentials. The instructor(s) should hold current credentials from the certifying agency. If more than one instructor teaches the course, please indicate the qualifications of each instructor.

____ Standard First Aid Instructor, Community
First Aid & Safety Instructor, or Emergency
Response Instructor (American Red Cross) Expiration Date: _____

____ First Aid Instructor (National Safety Council) Expiration Date: _____

____ Emergency Medical Technician Instructor (Virginia
Department of Health - Division of Emergency
Medical Services) Expiration Date: _____

____ Registered Nurse (Virginia Department of Health
Professions - Board of Nursing) Expiration Date: _____

____ Physician (Medical, Virginia Department of
Health Professions - Board of Medicine) Expiration Date: _____

____ First Aid Instructor (American Safety
and Health Institute) Expiration Date: _____

____ None of the above

Note: Individuals not meeting one of the above qualifications may be able to teach if information is provided that shows the individual is: competent in first aid, knows adult training techniques, can teach first aid knowledge and regularly teaches first aid courses some of which are monitored by an outside entity.

- D. Is the course content consistent with recommendations from one of the following sources: American Red Cross, National Safety Council, American Academy of Pediatrics (first aid chart dated 1/99) or Virginia Department of Health (First Aid Guide for School Emergencies dated 1998)?

____ Yes ____ No

- E. Does the first aid course require students to demonstrate competency in relation to first aid knowledge?

____ Yes ____ No

- F. How long does your first aid certification or other documentation of student competency stay valid?

____ 3 years or less ____ More than 3 years ____ No certification is given to students

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Department of Social Services' review results of the First Aid course should be sent to:

Note: There may be outside monitoring of the instructor as well as the competency of the students in relation to first aid knowledge and CPR skills.

(To be completed by Department of Social Services Staff)

_____ The course entitled _____ may be used to meet the first aid requirements of the Minimum Standards for Licensed Family Day Homes. The individual(s) mentioned in this form must teach the course. You may use this course until _____ when the instructor's qualifications expire. Any change to the first aid course or the family day home regulation or any new information we may learn about first aid may affect the acceptability of your course.

_____ The course entitled _____ is not acceptable for meeting the first aid requirements of the Minimum Standards for Licensed Family Day Homes because of the following:

We can re-evaluate your First Aid or CPR course if
new or additional information is submitted.

(Signature/Title of DSS Staff)

(Date)

(Phone Number)